

Traumatic Brain Injury Goal Planning-Progress Reporting

Date: _____ Completed By: _____

Consumer: _____ Medicaid ID: _____

Care Coordinator: _____ Coordinator Contact: _____

For Goal Scores, please use the rating scale below.

5:Total Assistance	4:Maximal Assistance	3:Moderate Assistance	2:Minimal Assistance	1:Maximal Independence	0:Complete independence
<i>Consumer is unable or not attempting to perform the task</i>	<i>Consumer is able to perform less than 25% of the task</i>	<i>Consumer is able to perform 25% to 48% of the task</i>	<i>Consumer is able to perform 50% to 74% of the task</i>	<i>Consumer is able to perform 75% or more of the task</i>	<i>Consumer is able to perform 95% or more of the task</i>

Goals and Objectives:

[illegible]